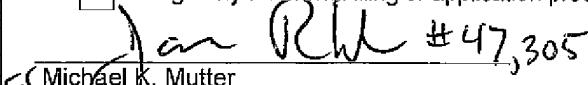


| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 1163-0340P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|-----------------------------------|--------------------------|------|---|---|-----------------------------------|------|--|---------------------|----|--------|---|---------|------|-------------------------------|---|-------|---|----------|------|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Application No. 09/857,491-Conf. #005202 | Filing Date June 6, 2001 | Examiner S. A. Chowdhury | Art Unit 2623 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant(s): Toyokazu SUGAI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Invention: DEVICE FOR SENDING OUT DATA IN WHICH ASSOCIATED DATA IS MULTIPLEXED WITH MAIN DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>CLAIMS AS AMENDED</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">Claims Remaining After Amendment</th> <th style="width: 15%; text-align: center;">Highest Number Previously Paid</th> <th style="width: 15%; text-align: center;">Number Extra Claims Present</th> <th style="width: 15%; text-align: center;">Rate</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">13</td> <td style="text-align: center;">- 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 50.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">1</td> <td style="text-align: center;">- 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 200.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td colspan="6" style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px;">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="6" style="border-bottom: 1px solid black; padding: 2px;">Other fee (please specify):</td> </tr> <tr> <td colspan="6" style="border-bottom: 1px solid black; padding: 2px; text-align: right;">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00</td> </tr> </tbody> </table> | | | | | | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | | Total Claims | 13 | - 20 = | 0 | x 50.00 | 0.00 | Independent Claims | 1 | - 3 = | 0 | x 200.00 | 0.00 | Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | | Other fee (please specify): | | | | | | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00 | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | 13 | - 20 = | 0 | x 50.00 | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | 1 | - 3 = | 0 | x 200.00 | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (please specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity</p> <p><input type="checkbox"/> No additional fee is required for this amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  Michael K. Mutter Attorney Reg. No.: 29,680 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dated: <u>March 12, 2007</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |